

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39624

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6227		Registrar's No. 1165	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richards R#1</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richards</u>		<u>1050</u> <u>Highfield Sup.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#1 - Highfield Sup.</u>				d. STREET ADDRESS (If rural, give location) <u>R#1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Clifford</u>		c. (Last) <u>Harriday</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <u>Never Married</u> <u>Widower</u> (Specify)		8. DATE OF BIRTH <u>July 17 - 1882</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTH PLACE (State or foreign country) <u>Pennsylvania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Harriday</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie McGraw</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Harriday</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Harriday</u> ADDRESS <u>Richards, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease 4 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Over weight</u> <u>40-45</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-12-47</u> , 19 <u>47</u> , to <u>10-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>50</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F.L. Martin M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>10-18-50</u>			
24a. BURIAL (Specify) <u>Yes</u>		24b. DATE <u>Oct 14 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Highfield Missouri</u>	
DATE REC'D BY LOCAL REG <u>Oct 31, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>King Funeral Home</u>		ADDRESS <u>Nevada Missouri</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 7 1950

Dist. File 1150-2261

Date Filed 11-15-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....

Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 1760

P. O. Address Newark, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.